

PARTICIPANT COMPLETION REPORT
OFF-HIGHWAY VEHICLE SAFETY ENFORCEMENT GRANT PROGRAM
Program Years 2018-2019

AGENCY:

DATE:

OPERATIONS REPORT

1. Personnel

OHV Safety Enforcement Hours Worked by Agency Officers:

2. Off-Highway Vehicle Enforcement

a. Public Complaints (OHV Related):

b. Arrests/Summons (OHV Related):

c. Warnings (oral and written, OHV related contacts):

d. Number of Alcohol Related Arrests (DWI, Reckless, & Careless):

e. Number of Illegal Operation Arrests (Speed & Operate on Roadway):

3. Cooperative Activities

a. Number of non-fatal OHV accidents reported to your agency:

b. Number of fatal OHV accidents reported to your agency:

4. Cooperative Activities

a. Include a narrative on the Off-Highway Vehicle Training and Education Projects/Efforts that your Agency accomplished or participated in during this fiscal year.

b. Include a narrative on your agency participation in DNR Off-Highway Vehicle Enforcement activities during the past fiscal year. This includes participation in training classes, and collaboration with local Conservation Officers.

FISCAL REPORT

GROUP 1: PERSONNEL

Personnel	Number of Officers	Agency Funds	State Funds	Total Cost
Full-Time				
Part-Time				
Sub-Total				

GROUP 2: SUPPLIES AND EXPENSES

Itemized Expenses (Itemized)	Agency Funds	State Funds	Total Costs
Sub-Total			

GROUP 3: EQUIPMENT

Equipment (Itemized)	Agency Funds	State Funds	Total Costs
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Sub-Total

GROUP 4: TOTAL GRANT FUNDS

	Agency Funds	State Funds*	Total Costs
Grand Total Costs			

***Total of State Funds should equal Amount of Payment on Agreement.**

Unexpended Funds will not be reimbursed. Keep a copy of this report for your records.

This is to certify that the State Funds requested were used only for the purposes set forth in Laws of Minnesota 2017, Chapter 93, Article 1, Section 3, and the information contained in this form is correct to the best of my knowledge.

Signature: _____

Date:

Phone Number: